

Bureau Talk

May 2013

Bureau of Home Care and Rehabilitative Standards

Missouri Department of Health and Senior Services

<http://health.mo.gov/safety/homecare/>



The long-awaited OASIS Training Modules are now accessible on our website, www.health.mo.gov/safety/homecare/. Just click on the OASIS tab. The four modules are a good supplement to CMS' online trainings, also available on our website.

The OASIS C Training Modules were developed to help new home health clinicians understand the OASIS C data set. However, the information is also a good refresher for seasoned home health clinicians. A description of the four modules follows:

- Module I covers OASIS basics. The module stresses the importance of filling out a data set completely and accurately. It also touches on OBQI.
- Module II addresses OASIS Conventions. The conventions might appear to contain basic information; however, the information is critical to answering OASIS data items accurately.
- Module III addresses the times when OASIS data collection is required.
- Module IV addresses the "M" items, also known as tracking items.

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Other OASIS data items are addressed in the following CMS online trainings:

- Clinical Record Items;
- Living Arrangements and Sensory Status;
- Elimination Status;
- Integumentary Status Domain Pressure Ulcers (Part 1);
- Integumentary Status Domain Pressure Ulcers (Part 2);
- Integumentary Status: Stasis Ulcers, Surgical Wounds, and Skin Lesions;
- Respiratory and Cardiac Status;
- Neuro/Emotional/Behavioral Domain;
- ADL/IADLs Part 1;
- ADL/IADLs Part 2;
- Medications;
- Care Management Therapy Need and Emergent Care;
- Care Planning and Intervention;
- Overview and Conventions; and,
- Patient Tracking Domain.



The online Web-based trainings are available at <http://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSOASISCWBT>.

Please keep in mind that as new guidance is published, the Web-based trainings and OASIS modules may contain outdated information. Always review the latest Q&As to determine if the training and OASIS module information is still accurate.

MAHC's Multi Factorial Fall Risk Assessment Tool

The validity of the multi-factorial fall-risk assessment tool (MAHC-10), developed by the Missouri Alliance for Home Care (MAHC) Fall Prevention Benchmarking Initiative, has been tested. Home health agencies may now use this single tool for their required OASIS C patient fall-risk assessment. The tool can be used with all patients, including bed-bound patients and those with severe mobility limitations. Home health agencies that use the tool can mark a "yes" response on M1910, thereby meeting a CMS requirement.

More information and the tool are available at www.homecaremissouri.org.

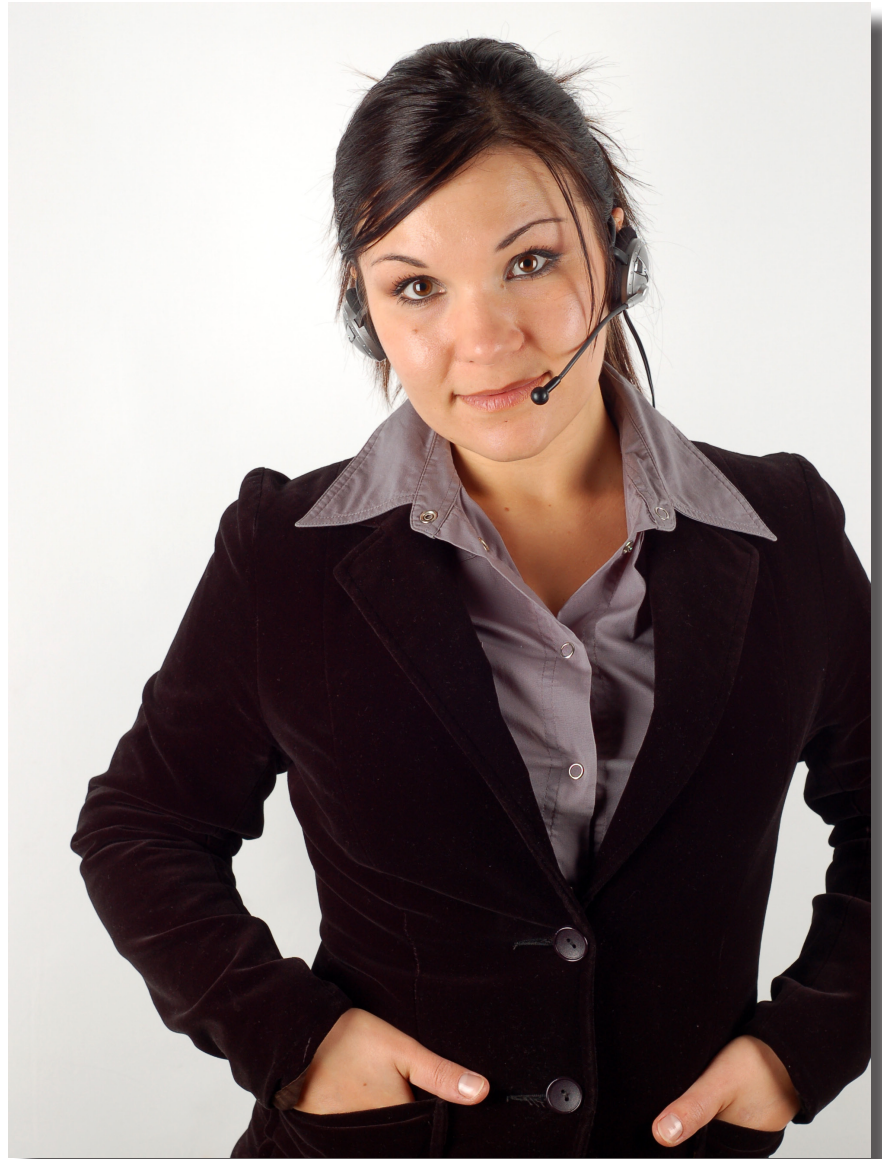
Home Health

ICD-10

Teresa Northcutt, a home health and coding consultant, provided an attachment in the July 2012 Bureau Talk titled, "ICD-10 FAQs and Update." Since then, information in the update has changed. Please disregard the July update and replace it with the current one, **Attachment A**.

Patient Rights

Many agencies have used the "Conditions of Participation: Patient Rights (484.10) Form" in their admission packets. However, that form is no longer accurate, due to a change in the Elder Abuse and Neglect Hotline hours. The new hotline hours are 7:00 AM to 12:00 Midnight, 7 days a week. **Attachment B** reflects this change. Please make copies of **Attachment B** to ensure your agency is following the CoPs.



Outpatient Physical Therapy (OPT) Agencies Only



OPT Regulations

CMS recently released "Transmittal 83, CMS Manual System, Pub 100-07 State Operations Provider Certification," which includes revisions to Appendix E and Chapter 2.

The revisions became effective March 15, 2013. Please see **Attachment C**.

General Information

Address Changes

Once again, all agencies must notify the bureau PRIOR TO any agency move or change of location.

Per the State Operations Manual (SOM), a provider must notify CMS of its intent

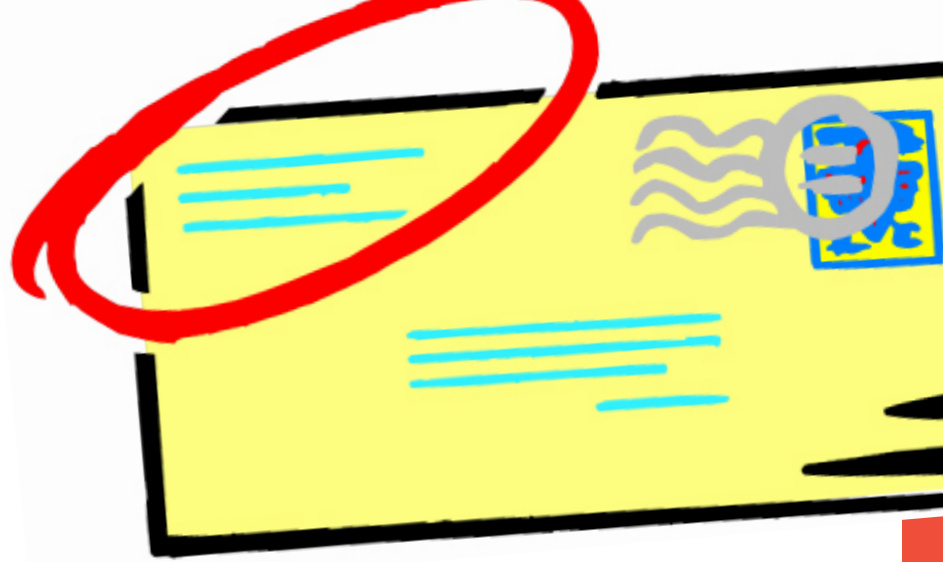
to change the location or site from which it provides services. Absent such notification, CMS has no way of carrying out its statutorily mandated obligation of determining whether a provider is complying with applicable participation requirements at the new site or location. CMS policy states that a provider cannot bill Medicare for services provided from a site or location that has not been determined to meet applicable requirements of participation.

All agencies MUST notify CMS, either directly or through the bureau, if they intend to move from their location to a new site or location. AN AGENCY MUST OBTAIN CMS' APPROVAL BEFORE IT PROVIDES MEDICARE SERVICES FROM A NEW ADDRESS.

An agency seeking a location change should:

- Submit a CMS 855 form to its fiscal intermediary/MAC, and,
- Submit a letter of intent to the bureau.

After the bureau is notified that an agency's 855 has been approved, CMS' Regional Office will make a determination. The process can take up to one month. The bureau will then notify the agency about the address change approval or denial.



Are you receiving our Listserv information? The information is sent to an agency's administrator via one of the following three email addresses:

1. Home Health - home_health-bounces@lphamo.org;
2. Hospice - hospice-bounces@lphamo.org; or,
3. OPT-CORF - opt_corf-bounces@lphamo.org.

Agency staff members who want to receive Listserv information need to ask their administrator to forward it. If an agency administrator is not receiving the information, he or she may need to check the spam filter. Otherwise, an agency may not be notified of statements of deficiencies; disaster alerts; annual reports; *Bureau Talk*; or, policy and procedure updates.



Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services' Bureau of Home Care and Rehabilitative Standards, P.O. Box 570, Jefferson City, MO, 65102-0570, 573-751-6336. Hearing- and speech-impaired citizens can dial 711.

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